

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

United Surgical Partners International, Inc. Political Action Committee

ADDRESS (number and street)

15305 Dallas Parkway, Suite 1600

☐Check if different  
than previously  
reported. (ACC)

Addison

TX

75001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00402073

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☒October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Wellik

Signature of Treasurer

Electronically Filed by John Wellik

Date

10

21

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">2008</span>		101575.12
(b) Cash on Hand at Beginning of Reporting Period .....	10227.12	
(c) Total Receipts (from Line 19) .....	250.00	28152.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	10477.12	129727.12
7. Total Disbursements (from Line 31) .....	9300.00	36500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1177.12	93227.12
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	250.00	26895.00
(i) Itemized (use Schedule A) .....	0.00	1257.00
(ii) Unitemized .....	250.00	28152.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	250.00	28152.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	250.00	28152.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	250.00	28152.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	21500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	9450.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	9450.00
29. Other Disbursements.....	1300.00	5550.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9300.00	36500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9300.00	36500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	250.00	28152.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	9450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	250.00	18702.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donna Gettys

Mailing Address 928 Lighthouse Drive

City

West Sacramento

State

CA

Zip Code

95605-2529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: 81007.C389

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

250.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 11

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) John Barrasso	<b>Transaction ID:</b> 81009.E152 <b>Date of Disbursement</b>
Mailing Address PO BOX 52008	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 8</div> </div>
City Casper State WY Zip Code 82605-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement POLITICAL CONTRIBUTION	<div>1000.00</div>
Candidate Name JOHN A BARRASSO	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District: 00	POLITICAL CONTRIBUTION
<b>B.</b> Full Name (Last, First, Middle Initial) Cantor for Congress	<b>Transaction ID:</b> 81007.E144 <b>Date of Disbursement</b>
Mailing Address P. O. Box 17813	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23226-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement POLITICAL CONTRIBUTION	<div>1000.00</div>
Candidate Name ERIC CANTOR	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	POLITICAL CONTRIBUTION
<b>C.</b> Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn	<b>Transaction ID:</b> 81007.E151 <b>Date of Disbursement</b>
Mailing Address 6850 Austin Center Blvd, Suite 180	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 8</div> </div>
City Austin State TX Zip Code 78731-3201	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement POLITICAL CONTRIBUTION	<div>1000.00</div>
Candidate Name JOHN CORNYN	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 00	POLITICAL CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Gene Green Congressional Campaign

Mailing Address PO BOX 16128

City Houston State TX Zip Code 77222-

Purpose of Disbursement  
POLITICAL CONTRIBUTIONCandidate Name  
RAYMOND E. GREENCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: 81007.E148

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Amount of Each Disbursement this Period

2000.00

POLITICAL CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Ruben Hinojosa for Congress

Mailing Address 502 North 11th Street

City Mcallen State TX Zip Code 78501-

Purpose of Disbursement  
POLITICAL CONTRIBUTIONCandidate Name  
RUBEN E HINOJOSACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 15

Transaction ID: 81007.E143

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
Carl Isett Campaign

Mailing Address 3817 62nd Drive

City Lubbock State TX Zip Code 79413-

Purpose of Disbursement  
POLITICAL CONTRIBUTIONCandidate Name  
CARL HAWKINS ISETTCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 19

Transaction ID: 81007.E147

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jon Kyl for Senate

Mailing Address PO Box 10246

City  
PhoenixState  
AZZip Code  
85064-0246Purpose of Disbursement  
POLITICAL CONTRIBUTIONCandidate Name  
JON KYLCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☒ Other (specify) ▼  
P-2012

State: AZ District: 00

Transaction ID: 81007.E149

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

Poe for Congress

Mailing Address P.O. Box 14222

City  
HumbleState  
TXZip Code  
77347-Purpose of Disbursement  
POLITICAL CONTRIBUTIONCandidate Name  
TED POECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 02

Transaction ID: 81007.E141

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	8

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

8000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sam Page for Lt. Governor

Mailing Address PO Box 411932

City  
Saint Louis

State  
MO

Zip Code  
63141-

Purpose of Disbursement  
STATE DONATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81007.E146

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Conaway for Assembly

Mailing Address Delran Professional Center  
8008 Rt. 130 North, Suite 125

City  
Riverside

State  
NJ

Zip Code  
08075-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81007.E142

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

1300.00

Form/Schedule: **F3XA**  
Transaction ID:

This amendment reflects the correct date for a disbursement that was made in September rather than October.